

2001 UNIFORM BUSINESS REPORT (UBR)

0013858 AF

DOCUMENT # L00000004250

1. Entity Name

ALPHA ONE LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, SUITE 212 PALM BEACH GARDENS FL 33403	C/O CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, SUITE 212 PALM BEACH GARDENS FL 33403



2. Principal Place of Business 8895 N Military Trail Suite, Apt. #, etc. Suite E-201 City & State Palm Beach Gardens, FL Zip 33410 Country US	3. Mailing Address 8895 N Military Trail Suite, Apt. #, etc. Suite E-201 City & State Palm Beach Gardens, FL Zip 33410 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998970	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, DONNA
CAPITAL REALTY ADVISORS, INC,
600 SANDTREE DRIVE, SUITE 212
PALM BEACH GARDENS FL 33403

Name
Donna McDonald
Street Address (P.O. Box Number is Not Acceptable)
Capital Realty Advisors, Inc.
8895 N Military Trail, Suite E-201
City
Palm Beach Gardens FL Zip Code
33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Donna McDonald*

3-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANDE, LAWRENCE A JR 600 SANDTREE DRIVE, SUITE 212 PALM BEACH GARDENS FL 33403	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pande, Lawrence A Jr 8895 N Military Trail, Suite E-201 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004134871-4 -05/03/01--01139--008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Lawrence A Pande*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/01

CR2E083 (11/00)